## Interim Designation of Agent to Receive Notification of Claimed Infringement

<u></u>	l Name of Service Provider: <u>Cablevision of Leander, Inc.</u> ve Name(s) of Service Provider (including all names under which the ser
rovider	is doing business):
. 11	of Service Provider: 1400 Lake Hearn Drive, NE, Atlanta, GA 30319
Address C	) Service Provider.
Name of	Agent Designated to Receive ion of Claimed Infringement: Wanda Moore
Full Add or similar d	ress of Designated Agent to which Notification Should be Sent (a P.O. Box esignation is not acceptable except where it is the only address that can be used in the geographic
ocation): 1400 La	ake Hearn Drive, NE, Atlanta, GA 30319
Telepho	ne Number of Designated Agent: 404-843-5000
wa	le Number of Designated Agent: 404-843-5845
Email A	ddress of Designated Agent: copyright-abuse@cox.com
Signatur	e of Officer or Representative of the Designating Service Provider:  Date:
<del></del> .	
Typed o	r Printed Name and Title: Wanda Moore, Paralegal
	his Interim Designation Must be Accompanied by a \$20 Filing Fee



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